

## SPONSORING ORGANIZATIONS

### National Laboratory Training Network



A Training system sponsored by the Association of Public Health Laboratories (APHL) and the Centers for Disease Control and Prevention (CDC).

2121 W Taylor St, Chicago, IL 60612  
(PH) 312-793-3306 (FAX) 312-793-3304  
E-mail: [mwoffice@nltn.org](mailto:mwoffice@nltn.org)  
[www.nltn.org](http://www.nltn.org)

Minnesota Department of Health,  
Public Health Laboratory  
[www.health.state.mn.us/divs/phl/](http://www.health.state.mn.us/divs/phl/)

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Iowa Center for Public Health  
Preparedness, College of Public  
Health University of Iowa  
[www.public-health.uiowa.edu/ICPHP/](http://www.public-health.uiowa.edu/ICPHP/)

## ALSO AVAILABLE

The New Needlestick Safety and  
Prevention Act – A Self-Study  
Program

The Final CLIA Regulations: Is your  
laboratory compliant? – A Self-Study  
Program

Call the NLTN office at 312-793-3306  
for more information.

Visit the National Laboratory Training  
Network Web site [www.nltn.org](http://www.nltn.org).  
View additional information about  
other continuing education programs  
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educational materials.

## Chemical Terrorism Preparedness: The Basics

**A Self-Study Program**

(A Webcast originally presented November 13, 2003.)

Sponsored by

National Laboratory Training Network

Minnesota Department of Health,  
Public Health Laboratory

University of Iowa Hygienic Laboratory

Wisconsin State Laboratory of  
Hygiene

Iowa Center for Public Health  
Preparedness, College of Public  
Health University of Iowa

## OVERVIEW

According to the APHL Chemical Terrorism Project Report of July 2003, *“A domestic chemical attack would elicit responses from a host of health, safety, and law enforcement personnel representing local, state and federal government actors from a variety of agencies at each level. The challenge will be to assure that all available resources exist and are fit to respond in a coordinated fashion.”* How does the public health and medical laboratory community fit into this picture? What should be expected in the case of a chemical attack? This webcast will provide basic information regarding the medical consequences of human exposure to chemical agents, and the roles of lead federal agencies, that can be used to aid in the development of a chemical terrorism preparedness plan.

## OBJECTIVES

*Upon successful completion of the program, participants will be able to:*

- List potential chemical agents and modes of transmission
- Describe short and long term medical consequences of human exposure to chemical agents
- Explain the role of the CDC, FBI, DOD, and EPA related to chemical terrorism preparedness

## FACULTY

- Jimmie L. Valentine, Ph.D., Professor of Pediatrics and Pharmacology, University of Arkansas College of Medicine
- Doug Anders, Ph.D., Microbiologist, Hazardous Materials Response Unit, Federal Bureau of Investigation
- David Ashley, Ph.D., Chief, Emergency Response and Air Toxicants Branch, Centers for Disease Control and Prevention
- Mark Mjones, Director, Emergency Response and Removal Center, Office of Emergency, Prevention, Preparedness and Response, Environmental Protection Agency
- Dennis Reutter, Ph.D., Chief, Edgewood Chemical/Biological Analytical Center, U.S. Army Soldier, Biological and Chemical Command, Edgewood, Maryland

## PROGRAM AGENDA

The program is an archived webcast. The program was presented November 13, 2003. The length of the program is 2½ hours.

Once registered, a participant will receive the access information required to view the webcast.

## CONTINUING EDUCATION

Continuing education credit will be offered based on 2.5 hours of instruction.

## REGISTRATION

Program registration fee is \$35.00 per person. Registration includes access information for the webcast and a CEU certificate for 0.25 CEUs if appropriate paperwork is submitted.

## HOW TO REGISTER (MW2504)

Complete the accompanying application form.

Make a \$35.00 check payable to APHL (Association of Public Health Laboratories) or complete the credit card authorization form on the application form.

Register by mail or fax as follows:

Mail completed application form and payment (either check or credit card form) to:

NLTN Registration  
2121 W Taylor St  
Chicago, IL 60612

Or, fax completed application form and credit card payment information to:  
312-793-3304.

Questions?

Please call 312-793-3306.

# National Laboratory Training Network Registration Form

From Approved  
OMB No. 0920-0017  
Exp. Date 06/30/06

(Please type or print.)

<b>Training Event Title: Chemical Terrorism Preparedness: The Basics</b>		
<b>Event Code:</b> <b>MW2504</b>	<b>Date:</b> <b>Self-Study</b>	<b>Location:</b> <b>Webcast</b>
<b>Applicant Information</b>		
(Dr./Mr./Miss./Ms./Mrs.) First Name: M.I. Last Name:		
Employer's Name:		Position Title:
Mailing Address: ( <i>Please specify, Employer's or your Home address?</i> )		
City	State/Country	Zip/Postal Code
Work Phone Number:		Work Fax Number:
E-mail Address: ( <i>E-mail future training event notifications? Please circle, YES or NO.</i> )		
Signature of Applicant:		Date:

(Please review all options in the three categories before circling the one most appropriate in each category.)

<b>Occupation</b> 01 Physician 02 Veterinarian 04 Laboratorian 05 Nursing Professional 06 Sanitarian 08 Administrator 11 Safety Professional 13 Educator 14 Epidemiologist 15 Environmental Scientist 12 Other _____	<b>Education Level</b> (Highest Completed) Degree 04 Associate 05 Bachelor 06 Masters 07 Doctoral (M.D.) 08 Doctoral (Other than M.D.) 09 Technical/Hospital School 03 Some College 02 High School Graduate 01 Some High School 10 Other _____	<b>Type of Employer</b> 01 Health Department (State or Territorial) 03 Health Department (Local, City or County) 04 Government (Other Local, not City or County) 05 Centers for Disease Control and Prevention 09 U.S. Food and Drug Administration 11 U.S. Department of Defense 12 Veterans Administration Medical Center/Hospital 15 Other (Federal Employer) _____ 16 Foreign 19 College or University 21 Private Industry 23 Private Clinical Laboratory 24 Physician's Office Laboratory/Group Practice 17 Hospital (Private Community) 33 Hospital (Other) 25 State Funded Hospital 26 City or County Funded Hospital 28 Health Maintenance Organization 31 Non-profit 32 Unemployed or Retired 30 Other _____
The information requested on this form is collected under the authority of 42 U.S.C., Section 243 (CDC). The requested information is used only to process your training registration and will be disclosed only upon your written request. Continuing education credit can only be provided when all requested information is submitted. Furnishing the information requested on this form is voluntary. Public reporting burden for this collection of information is estimated to average five minutes per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ASTDR Reports Clearance Officer, 1600 Clifton Road, N.E., MS D-24, Atlanta, Georgia 30333; ATTN: PRA(0920-0017). CDC 32.1 (Rev. 6/17/2003)		

REGISTRATION FEE: \$ 35.00

- ☐ Enclosed is a check or money order payable to APHL (Association of Public Health Laboratories).  
☐ Bill my credit card.    ☐ Visa    ☐ MasterCard    ☐ American Express

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Signature	Date

Please submit this registration form by mail or fax (312-793-3304) to:

**National Laboratory Training Network, Attn: Registration**  
**2121 West Taylor St, Chicago, IL 60612    Questions? 312-793-3306    or [mwoffice@nltn.org](mailto:mwoffice@nltn.org)**